

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE:	)	Case No. 13-74579-WLH
	)	
Carolyn Rowell,	)	Chapter 13
Aka Carolyn Baker Rowell,	)	
	)	
Debtor.	)	

**AMENDMENT TO SCHEDULES I, J, AND SUMMARY OF SCHEDULES**

**COMES NOW** Carolyn Rowell, aka Carolyn Baker Rowell, Debtor in the above-styled case, by and through counsel, and amends Schedules I, J, and Summary of Schedules:

1.

Debtor amends Schedule I to reflect her current income.

2.

Debtor amends Schedule J to reflect her updated expenses.

3.

Debtor amends the Summary of Schedules accordingly.

**DECLARATION**

I, Carolyn Rowell, aka Carolyn Baker Rowell named as Debtor in this case,  
declare under penalty of perjury that I have read the forgoing Amendment and it is true  
and correct to the best of my information and belief.

This 2nd day of May, 2014.

\_\_\_\_\_/s/  
**Dan Saeger**  
Georgia Bar No. 680628  
Attorney for Debtor  
RICKMAN & ASSOCIATES, P.C.  
1325 Satellite Blvd., Suite 1406  
Suwanee, GA 30024  
(P) 706-500-9456  
[bk@thegeorgialawfirm.com](mailto:bk@thegeorgialawfirm.com)

\_\_\_\_\_/s/  
**Carolyn Rowell, Debtor**

Fill in this information to identify your case:

Debtor 1 Carolyn Rowell  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of GA

Case number 13-74579  
 (If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed  
☐ Not employed

Occupation

LPN Charge Nurse

Employer's name

Pharr Court Associates

Employer's address

2920 Pharr Court South, NW

Number Street

Atlanta, GA 30305

City State ZIP Code

How long employed there? 5 years

Debtor 2 or non-filing spouse

- ☐ Employed  
☐ Not employed

Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,826.27

\$ N.A.

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$ N.A.

4. Calculate gross income. Add line 2 + line 3.

4. \$ 3,826.27

\$ N.A.

Carolyn Rowell

13-74579

Debtor 1

First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 3,826.27	\$ N.A.
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 265.00	\$ N.A.
5b. Mandatory contributions for retirement plans	5b. \$ 71.00	\$ N.A.
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N.A.
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N.A.
5e. Insurance	5e. \$ 88.00	\$ N.A.
5f. Domestic support obligations	5f. \$ 0.00	\$ N.A.
5g. Union dues	5g. \$ 0.00	\$ N.A.
5h. Other deductions. Specify: _____	5h. +\$ 0.00	+ \$ N.A.
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 424.00	\$ N.A.
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,402.27	\$ N.A.
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N.A.
8b. Interest and dividends	8b. \$ 0.00	\$ N.A.
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N.A.
8d. Unemployment compensation	8d. \$ 0.00	\$ N.A.
8e. Social Security	8e. \$ 0.00	\$ N.A.
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ N.A.
8g. Pension or retirement income	8g. \$ 0.00	\$ N.A.
8h. Other monthly income. Specify: _____	8h. +\$ 0.00	+ \$ N.A.
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ N.A.
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,402.27	\$ N.A.
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 3,402.27	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

**Fill in this information to identify your case:**

Debtor 1 Carolyn Rowell  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of GA

Case number 13-74579  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form B 6J**

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:** Describe Your Household

**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent .....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

son

21

- ☒ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2:** Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

\$ 800.00

**If not included in line 4:**

4a. Real estate taxes

\$ 0.00

4b. Property, homeowner's, or renter's insurance

\$ 0.00

4c. Home maintenance, repair, and upkeep expenses

\$ 0.00

4d. Homeowner's association or condominium dues

\$ 0.00

Debtor 1 Carolyn Rowell  
First Name Middle Name Last Name

Case number (if known) 13-74579

		Your expenses	
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$ <u>0.00</u>
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	\$ <u>275.00</u>
6b.	Water, sewer, garbage collection	6b.	\$ <u>40.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ <u>75.00</u>
6d.	Other. Specify: <u>Cable/internet</u>	6d.	\$ <u>115.00</u>
7.	<b>Food and housekeeping supplies</b>	7.	\$ <u>664.27</u>
8.	<b>Childcare and children's education costs</b>	8.	\$ <u>4.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	\$ <u>25.00</u>
10.	<b>Personal care products and services</b>	10.	\$ <u>50.00</u>
11.	<b>Medical and dental expenses</b>	11.	\$ <u>50.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ <u>475.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$ <u>0.00</u>
14.	<b>Charitable contributions and religious donations</b>	14.	\$ <u>0.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	\$ <u>0.00</u>
15b.	Health insurance	15b.	\$ <u>0.00</u>
15c.	Vehicle insurance	15c.	\$ <u>150.00</u>
15d.	Other insurance. Specify: _____	15d.	\$ <u>0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ <u>0.00</u>
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	\$ <u>0.00</u>
17b.	Car payments for Vehicle 2	17b.	\$ <u>4.00</u>
17c.	Other. Specify: _____	17c.	\$ <u>0.00</u>
17d.	Other. Specify: _____	17d.	\$ <u>0.00</u>
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18.	\$ <u>0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$ <u>0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	20a.	\$ <u>0.00</u>
20b.	Real estate taxes	20b.	\$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c.	\$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d.	\$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	20e.	\$ <u>0.00</u>

Debtor 1 Carolyn Rowell  
First Name Middle Name Last Name

Case number (if known) 13-74579

21. **Other.** Specify: \_\_\_\_\_

21. **+\$** 0.00

22. **Your monthly expenses.** Add lines 4 through 21.  
The result is your monthly expenses.

22. **\$** 2,727.27

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 3,402.27

23b. Copy your monthly expenses from line 22 above.

23b. **-\$** 2,727.27

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. **\$** 675.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

B6 Summary (Official Form 6 - Summary) (12/13)

## United States Bankruptcy Court

Northern District of Georgia

Carolyn Rowell

In re \_\_\_\_\_  
Debtor

Case No. 13-74579

Chapter 13

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

**AMOUNTS SCHEDULED**

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 0.00		
B – Personal Property	YES	3	\$ 7,625.00		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	1		\$ 11,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 19,463.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	6		\$ 51,534.95	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,402.27
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 2,727.27
<b>TOTAL</b>		21	\$ 7,625.00	\$ 81,997.95	



# United States Bankruptcy Court

Northern District of Georgia

In re Carolyn Rowell  
Debtor

Case No. 13-74579

Chapter 13

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 19,463.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 4,000.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 23,463.00</b>

### State the Following:

Average Income (from Schedule I, Line 12)	\$ 3,402.27
Average Expenses (from Schedule J, Line 22)	\$ 2,727.27
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 3,826.26

### State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 6,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 19,748.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 51,534.95
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 57,534.95

### **CERTIFICATE OF SERVICE**

I certify that true and correct copies of Debtor's Amendment have been served upon the following by placing same in an envelope with adequate First Class postage affixed and depositing same in the United States Mail addressed for delivery to:

Carolyn Rowell  
1811 Grove Way  
Hampton, GA 30228

Nancy J. Whaley  
Chapter 13 Trustee  
Suite 120  
303 Peachtree Center Ave  
Atlanta, GA 30303

And all creditors on the attached matrix.

This 2nd day of May 2014.

/s/

\_\_\_\_\_  
Dan Saeger  
Georgia Bar No. 680628

RICKMAN & ASSOCIATES, P.C.  
1325 Satellite Blvd., Suite 1406  
Suwanee, GA 30024  
(P) 706-500-9456  
(F) 678-391-4422  
[bk@thegeorgialawfirm.com](mailto:bk@thegeorgialawfirm.com)

Label Matrix for local noticing  
113E-1  
Case 13-74579-wlh  
Northern District of Georgia  
Atlanta  
Fri Nov 8 15:11:12 EST 2013  
  
Credit Collection Service  
PO Box 9134  
Needham MA 02494-9134

American Credit Bureau  
PO Box 4545  
Boynton Beach FL 33424-4545

Approved Credit Solutions  
704 S State Rd 135 Suite D D328  
Greenwood IN 46143-6501

Danco Financial  
PO Box 888  
Mableton GA 30126-0888

Dent First Dental Care  
Tara Blvd  
Jonesboro GA 30236

Distance Learning Systems Inc  
co Approved Credit Solution  
PO Box 6238  
Indianapolis IN 46206-6238

Dr Pran Saod  
1287 Spur 138  
Jonesboro GA 30236-2419

Enhanced Recovery Co LLC  
8014 Bayberry Road  
Jacksonville FL 32256-7412

First Premier Bank  
3820 N Louise Ave  
Sioux Falls SD 57107-0145

(p)GEORGIA DEPARTMENT OF REVENUE  
COMPLIANCE DIVISION  
ARCS BANKRUPTCY  
1800 CENTURY BLVD NE SUITE 9100  
ATLANTA GA 30345-3202

Henry Medical  
1133 Eagles Landing Pkwy  
Stockbridge GA 30281-5099

IC Systems Collections  
PO Box 64378  
Saint Paul MN 55164-0378

(p)INTERNAL REVENUE SERVICE  
CENTRALIZED INSOLVENCY OPERATIONS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

Jefferson Capital Systems LLC  
PO Box 953185  
St Louis MO 63195-3185

Jena Mae  
PO Box 972  
Greenwood IN 46142-0972

Key Properties Realty  
1350 Wooten Lake Road Suite 301  
Kennesaw GA 30144-1348

MARS Inc  
5810 E Skelly Dr  
Suite 200  
Tulsa OK 74135-6446

Main Street Acquisition  
7473 West Lake Mead Rd  
216  
Las Vegas NV 89128-0265

Marauder Corporation  
74923 Highway 111  
Indian Wells CA 92210

Midland Funding  
8875 Aero Dr  
Suite 200  
San Diego CA 92123-2255

Midland Funding co  
American InfoSource LP  
PO Box 268941  
Oklahoma City OK 73126-8941

NCO Financial  
PO Box 15636  
Wilmington DE 19850-5636

North American Credit Serv  
2810 Walker Rd  
Chattanooga TN 37421-1082

PC Co Auto Sales Inc  
7485 Tara Blvd  
Jonesboro GA 30236-1905

(p)PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

Robert Rickman  
Rickman & Associates, PC  
1325 Satellite Blvd  
Suite 1406  
Suwanee, GA 30024-4671

Carolyn Rowell  
1811 Grove Way  
Hampton, GA 30228-4026

Sallie Mae  
Po Box 9500  
Wilkes-Barre PA 18773-9500

Santander Consumer USA  
8585 N Stemmons Freeway Suite 1000  
Dallas TX 75247-3822

Southern Regional Hospital  
11 Upper Riverdale Rd  
Riverdale GA 30274-2600

Unhaul  
7308 Faral Blvd  
Jonesboro GA 30236-1904

United Auto Acceptance  
co MacDowell Associates  
PO Box 450849  
Atlanta GA 31145-0849

Wells Fargo Bank  
PO Box 5058 MAC P6053-021  
Portland OR 97208-5058

Wesly C Dunlap  
Dunlap Fardner LLP  
3009 Chapel Hill Road Suite B  
Douglasville GA 30135-1777

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Georgia Department of Revenue  
1800 Century Blvd NE  
Atlanta 30345-3205

Internal Revenue Service  
PO Box 21126  
Philadelphia PA 19114-0326

Portfolio Recovery  
120 Corporate Blvd  
Norfolk VA 23502

End of Label Matrix  
Mailable recipients 34  
Bypassed recipients 0  
Total 34